
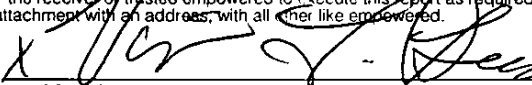


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90342 014 ***150.00

DOCUMENT # P97000095444					
1. Entity Name DIGITAL JUICE, INC.					
Principal Place of Business 1736 NE 25TH AVE OCALA, FL 34470 US			Mailing Address 1736 NE 25TH AVE OCALA, FL 34470 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3479060	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEBEL, DAVID R 1736 NE 25TH AVE OCALA, FL 34470				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HEBEL, DAVID R			NAME	
STREET ADDRESS	1736 NE 25TH AVE			STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34470			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BRUNNER, LAURA			NAME	
STREET ADDRESS	1736 NE 25TH AVE			STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34470			CITY-ST-ZIP	
TITLE	PRES	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BEASON, VIVIAN T			NAME	
STREET ADDRESS	1736 NE 25TH AVE			STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34470			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BRUNNER, KEVIN			NAME	
STREET ADDRESS	1736 NE 25TH AVE			STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34470			CITY-ST-ZIP	
TITLE	TREA	Delete <input checked="" type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WEST, ANDREW G			NAME	
STREET ADDRESS	1736 NE 25TH AVE			STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34470			CITY-ST-ZIP	
TITLE	SEC	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ALLAN, WILLIAM			NAME	
STREET ADDRESS	1736 NE 25TH AVE			STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34470			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date: 3/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	